

**TOWN OF NEWTOWN
HOUSING REHABILITATION PROGRAM**

Date Received _____
Date Approved _____
Project No. _____

ALL PERSONAL INFORMATION IS STRICTLY CONFIDENTIAL

I. PROPERTY INFORMATION

ADDRESS: _____

Name(s) _____

On Title _____

The Property is: Owner-Occupied _____ Non-Owner Occupied _____

II. PERSONAL APPLICANT INFORMATION

Name: _____ Social Security # _____

Address: _____

Tele. #: _____ Best Time to be Reached _____

III. DESCRIPTION OF PROPERTY (CHECK ONE)

RESIDENTIAL:

_____ Single Family (Owner Occupied)

_____ Single Family (Rental)

_____ Two Family

_____ Three Family

_____ Four Family or More
(Specify)

Is there any space in the building being used for non-residential purposes?

_____ Yes _____ No How Much? _____

Are there any back property/sewer taxes due on properties owned by you within the Town?

_____ Yes _____ No

IV. If property is a single family home, list all persons as Apt. #1. If an apartment is vacant, list Name as "Vacant" with Apt. #. Please list all persons who reside in each apartment.

NOTE: Projects which require relocation or displacement of existing tenants may not be eligible for assistance.

NAME	APT. #	*SEX	*AGE	*RACE	HANDICAPPED YES/NO	F/T STUDENT YES/NO	X IF HEAD OF HOUSEHOLD

*Information is requested for Program reporting purposes only. Provision of this information is NOT mandatory and will not change your eligibility.

V. Briefly describe the work you wish to do: _____

VI. Attach most recent copy of Federal Income Tax Return (1040). If not available, explain and list all Sources and Amounts of Income.

If you are receiving Social Security, Pensions, Unemployment Compensation, Child Support, Alimony, or other Benefits which do not appear on your latest income tax return, please attach documentation of same.

Please estimate below the total of all encumbrances currently secured by this property (Mortgages, Equity Line of Credit, Liens, etc.)

\$ _____

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status, race, color, creed or national origin. Furthermore, no discrimination shall be practiced in the sale, leasing, rental, or other disposition of residential property and related facilities, or in the use or occupancy thereof.

I authorize the Program to obtain such information as it may require concerning the statements made in this application, including a credit check, and agree that the application shall remain its property whether or not the application is accepted or rejected.

I/We hereby certify that all statements on this application are true and complete.

Applicant Signature: _____

Applicant Signature: _____

Date: _____

Please return to:

Planning & Community Development Office
28 Trades Lane
Newtown, CT 06470
203-270-9415